Qatar Report NCPI

NCPI Header

<table>
<thead>
<tr>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:</td>
</tr>
<tr>
<td>Postal address:</td>
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<td>Telephone:</td>
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<tr>
<td>Fax:</td>
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<td>E-mail:</td>
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</tbody>
</table>

Describe the process used for NCPI data gathering and validation:
Desk review of relevant documents and interview of key people in the Supreme Council of Health (SCH)

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
none

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
none

NCPI - PART A [to be administered to government officials]

<table>
<thead>
<tr>
<th>Organization</th>
<th>Names/Positions</th>
<th>A.I</th>
<th>A.II</th>
<th>A.III</th>
<th>A.IV</th>
<th>A.V</th>
<th>A.VI</th>
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<td>No</td>
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</tbody>
</table>

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

<table>
<thead>
<tr>
<th>Organization</th>
<th>Names/Positions</th>
<th>B.I</th>
<th>B.II</th>
<th>B.III</th>
<th>B.IV</th>
<th>B.V</th>
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</table>

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV? 
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
No

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. 
IF NO or NOT APPLICABLE, briefly explain why.:
There is the National Health Strategy which addresses all health issues in the country but a strategy specific to HIV & AIDS is under construction

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:
N/A
National Development Plan:
Yes
Poverty Reduction Strategy:
N/A
Sector-wide approach:
2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**
N/A

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
N/A

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
N/A

Reduction of stigma and discrimination:
Yes

Treatment, care, and support (including social security or other schemes):
Yes

Women’s economic empowerment (e.g. access to credit, access to land, training):
Yes

Other [write in below]:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
No

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:
No

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:
No

5.4. Has the country developed a plan to strengthen health systems?:
Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

National Health Strategy goals:

- A comprehensive world-class healthcare system whose services are accessible to the whole population
- An integrated system of healthcare offering high-quality services
- Preventive healthcare, taking into account the differing needs of men, women, and children
- A skilled national workforce capable of providing high-quality health services
- http://www.nhsq.info/home
- A national health policy that sets and monitors standards
- Effective and affordable services in accordance with the principle of partnership in bearing the costs of healthcare
- High-calibre research directed at improving the effectiveness and quality of healthcare

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in the HIV programmes in 2011?:
5

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers:
Yes

B. Other high officials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.)
Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
1. HIV & AIDS symposium in 2011 which was on a regional level 2. Qatar Foundation supported research on HIV & AIDS

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?
   Yes
   2.1. IF YES, does the national multisectoral HIV coordination body
       Have terms of reference?:
       Yes
       Have active government leadership and participation?:
       Yes
       Have an official chair person?:
       Yes
       IF YES, what is his/her name and position title?:
       Dr. Mohamed Al-Hajri
       Have a defined membership?:
       Yes
       IF YES, how many members?:
       NA
       Include civil society representatives?:
       Yes
       IF YES, how many?:
       1
       Include people living with HIV?:
       No
       Include the private sector?:
       No
       Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
       No

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?
   No
   What challenges remain in this area:
   vertical programs are scattered among various sectors which leads to malcommunication among sectors and duplication of efforts

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?
   0%

5. Capacity-building:
   Yes
   Coordination with other implementing partners:
   Yes
   Information on priority needs:
   Yes
   Procurement and distribution of medications or other supplies:
   No
   Technical guidance:
   Yes
   Other [write in below]:
   

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?
   No
   6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?
   No

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2011?
   6
   Since 2009, what have been key achievements in this area:
there have been social support programs to PLHIV and stigma reduction campaigns among the general population
What challenges remain in this area:
we need to scale up the political support and utilize it in programming issues

A - III. HUMAN RIGHTS

1.1

<table>
<thead>
<tr>
<th>Population</th>
<th>Status</th>
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<tbody>
<tr>
<td>People living with HIV:</td>
<td>No</td>
</tr>
<tr>
<td>Men who have sex with men:</td>
<td>No</td>
</tr>
<tr>
<td>Migrants/mobile populations:</td>
<td>No</td>
</tr>
<tr>
<td>Orphans and other vulnerable children:</td>
<td>No</td>
</tr>
<tr>
<td>People with disabilities:</td>
<td>Yes</td>
</tr>
<tr>
<td>People who inject drugs:</td>
<td>No</td>
</tr>
<tr>
<td>Prison inmates:</td>
<td>No</td>
</tr>
<tr>
<td>Sex workers:</td>
<td>No</td>
</tr>
<tr>
<td>Transgendered people:</td>
<td>No</td>
</tr>
<tr>
<td>Women and girls:</td>
<td>Yes</td>
</tr>
<tr>
<td>Young women/young men:</td>
<td>Yes</td>
</tr>
<tr>
<td>Other specific vulnerable subpopulations [write in]:</td>
<td>-</td>
</tr>
</tbody>
</table>

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?: Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws: http://www.qfcht.org/constitution_en.aspx
Briefly explain what mechanisms are in place to ensure these laws are implemented: http://www.qfcht.org/constitution_en.aspx
Briefly comment on the degree to which they are currently implemented: http://www.qfcht.org/constitution_en.aspx

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: No
IF YES, for which subpopulations?

<table>
<thead>
<tr>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living with HIV:</td>
</tr>
<tr>
<td>Men who have sex with men:</td>
</tr>
<tr>
<td>Migrants/mobile populations:</td>
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<td>Prison inmates:</td>
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<td>Sex workers:</td>
</tr>
<tr>
<td>Transgendered people:</td>
</tr>
<tr>
<td>Women and girls:</td>
</tr>
<tr>
<td>Young women/young men:</td>
</tr>
</tbody>
</table>
Other specific vulnerable subpopulations [write in below]:

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
   - Yes
   - If YES, what key messages are explicitly promoted?
     - Abstain from injecting drugs: Yes
     - Avoid commercial sex: Yes
     - Avoid inter-generational sex: Yes
     - Be faithful: Yes
     - Be sexually abstinent: Yes
     - Delay sexual debut: No
     - Engage in safe(r) sex: Yes
     - Fight against violence against women: Yes
     - Greater acceptance and involvement of people living with HIV: Yes
     - Greater involvement of men in reproductive health programmes: Yes
     - Know your HIV status: Yes
     - Males to get circumcised under medical supervision: Yes
     - Prevent mother-to-child transmission of HIV: Yes
     - Promote greater equality between men and women: Yes
     - Reduce the number of sexual partners: No
     - Use clean needles and syringes: No
     - Use condoms consistently: No
     - Other [write in below]: strengthen religious beliefs and travel precautions

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
   - No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
   - Yes

   2.1. Is HIV education part of the curriculum in
     - Primary schools?: No
     - Secondary schools?: Yes
     - Teacher training?: No
2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
No

2.3. Does the country have an HIV education strategy for out-of-school young people?:
No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes

Briefly describe the content of this policy or strategy:
http://www.nhsq.info/

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

<table>
<thead>
<tr>
<th>IDU</th>
<th>MSM</th>
<th>Sex workers</th>
<th>Customers of Sex Workers</th>
<th>Prison inmates</th>
<th>Other populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>young people</td>
</tr>
</tbody>
</table>

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:
6

Since 2009, what have been key achievements in this area:
1. Draft law regarding HIV & AIDS stigma and discrimination
2. National Health Strategy
3. Many media programs to increase awareness
4. integration of PLHIV in the society
5. PLHIV support programs
6. free treatment and care for PLHIV

What challenges remain in this area:
1. stigma
2. no M&E system
3. scares HIV & AIDS specific programs due to the low prevalence in Qatar

4. Has the country identified specific needs for HIV prevention programmes?:
Yes

IF YES, how were these specific needs determined?:
1. targeting single male workers
2. increased influx of people and fluctuation of the numbers of people living in Qatar
3. % of youth in the country

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree

Condom promotion:
Agree

Harm reduction for people who inject drugs:
N/A

HIV prevention for out-of-school young people:
N/A

HIV prevention in the workplace:
N/A

HIV testing and counseling:
Strongly Agree

IEC on risk reduction:
N/A

IEC on stigma and discrimination reduction:
Agree

Prevention of mother-to-child transmission of HIV:
Strongly Agree

Prevention for people living with HIV:
Agree

Reproductive health services including sexually transmitted infections prevention and treatment:
Strongly Agree

Risk reduction for intimate partners of key populations:
N/A

Risk reduction for men who have sex with men:
N/A

Risk reduction for sex workers:
5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?: 
6

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
   Yes

If YES, Briefly identify the elements and what has been prioritized:
Qatar Government provided free of charge HIV management central at Hamad Medical Corporation Hospital this includes: HIV treatment and care and other preventive HIV services such as laboratory testing, PMTCT, anti-retroviral (ARV) therapy (front-line and alternative triple therapy regimens), treatment for opportunistic infections and counseling physiological support.

Briefly identify how HIV treatment, care and support services are being scaled-up?:
central at HMC -the main hospital in the country- free of charge for all citizens and residents in the country. HIV clinic has integrated services for all PLHIV

1.1. To what extent have the following HIV treatment, care and support services been implemented?

<table>
<thead>
<tr>
<th>Service</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiretroviral therapy</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>ART for TB patients</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Cotrimoxazole prophylaxis in people living with HIV</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Early infant diagnosis</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>HIV care and support in the workplace (including alternative working arrangements):</td>
<td>N/A</td>
</tr>
<tr>
<td>HIV testing and counselling for people with TB</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>HIV treatment services in the workplace or treatment referral systems through the workplace:</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutritional care</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Paediatric AIDS treatment</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Post-delivery ART provision to women</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):</td>
<td>Agree</td>
</tr>
<tr>
<td>Post-exposure prophylaxis for occupational exposures to HIV</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Psychosocial support for people living with HIV and their families</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Sexually transmitted infection management</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>TB infection control in HIV treatment and care facilities</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>TB preventive therapy for people living with HIV</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>TB screening for people living with HIV</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Treatment of common HIV-related infections</td>
<td>Strongly Agree</td>
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<tr>
<td>Other [write in]:</td>
<td>-</td>
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</tbody>
</table>

2. Does the government have a policy or strategy in place to provide social and economic support to people
Yes

Please clarify which social and economic support is provided:
HIV clinic provides care and support for all PLHIV free of charge and provide social support and help with employment in some cases as well if needed.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
N/A

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
10

Since 2009, what have been key achievements in this area:
1. Providing ART for all PLHIV 2. creating policies preventing mother to child transmission 3. provide HIV screening for all TB cases as well.

What challenges remain in this area:
NA

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
N/A

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
8

Since 2009, what have been key achievements in this area:
http://www.nhsq.info/

What challenges remain in this area:
-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
No

Briefly describe any challenges in development or implementation:
1. no specific HIV surveillance system 2. low programmatic capacity in relation to M&E

Briefly describe what the issues are:
-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
-

A data analysis strategy:
-

A data dissemination and use strategy:
-

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
-

Guidelines on tools for data collection:
-

3. Is there a budget for implementation of the M&E plan?:
No

4. Is there a functional national M&E Unit?:
No

Briefly describe any obstacles:
1. no specific HIV surveillance system 2. low programmatic capacity in relation to M&E

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
-

In the National HIV Commission (or equivalent)?:
-

Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]
4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

No

Briefly describe the data-sharing mechanisms:

What are the major challenges in this area:

- 

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No

6. Is there a central national database with HIV-related data?

Yes

IF YES, briefly describe the national database and who manages it:

1. supreme council of health - communicable disease department and health intelligence unit
2. statistics published in the annual health report by public health department

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?

- 

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

No

IF YES, at what level(s):

national only

7. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?

Yes

8. How are M&E data used?

For programme improvement?

Yes

In developing / revising the national HIV response?

Yes

For resource allocation?

Yes

Other [write in]:

- 

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

data is used for advocacy activities targeting prevention programs and education challenges: data not dis-aggregated by risk groups so it's too general

9. In the last year, was training in M&E conducted?

At national level:

No

At subnational level:

No

At service delivery level including civil society:

No

9.1. Were other M&E capacity-building activities conducted other than training?

No

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?

3

Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:

**B - I. CIVIL SOCIETY INVOLVEMENT**

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

   Comments and examples:

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

   Comments and examples:

   3. a. The national HIV strategy?:
   
   b. The national HIV budget?:
   
   c. The national HIV reports?:
   
   Comments and examples:

4. a. Developing the national M&E plan?:
   
   b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
   
   c. Participate in using data for decision-making?:
   
   Comments and examples:

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

   Comments and examples:

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access
   
   a. Adequate financial support to implement its HIV activities?:
   
   b. Adequate technical support to implement its HIV activities?:
   
   Comments and examples:

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

   **People living with HIV:**
   
   **Men who have sex with men:**
   
   **People who inject drugs:**
   
   **Sex workers:**
   
   **Transgendered people:**
   
   **Testing and Counselling:**
Reduction of Stigma and Discrimination:
- Clinical services (ART/OI)*:
- Home-based care:
- Programmes for OVC**:

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:
- Since 2009, what have been key achievements in this area:
- What challenges remain in this area:

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

B - III. HUMAN RIGHTS

1.1.
- People living with HIV:
- Men who have sex with men:
- Migrants/mobile populations:
- Orphans and other vulnerable children:
- People with disabilities:
- People who inject drugs:
- Prison inmates:
- Sex workers:
- Transgendered people:
- Women and girls:
- Young women/young men:
- Other specific vulnerable subpopulations [write in]:

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
- If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
- Briefly explain what mechanisms are in place to ensure that these laws are implemented:
- Briefly comment on the degree to which they are currently implemented:

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
- 2.1. IF YES, for which sub-populations?
  - People living with HIV:
Men who have sex with men:
- Migrants/mobile populations:
- Orphans and other vulnerable children:
- People with disabilities:
- People who inject drugs:
- Prison inmates:
- Sex workers:
- Transgendered people:
- Women and girls:
- Young women/young men:
- Other specific vulnerable sub-populations [write in]:

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Briefly describe the content of the policy, law or regulation and the populations included:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

6. Does the country have a policy or strategy of free services for the following?

<table>
<thead>
<tr>
<th>Provided free-of-charge to all people in the country</th>
<th>Provided free-of-charge to some people in the country</th>
<th>Provided, but only at a cost</th>
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</thead>
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</table>

If applicable, which populations have been identified as priority, and for which services?:

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

10. Does the country have the following human rights monitoring and enforcement mechanisms?

   a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

If YES on any of the above questions, describe some examples:

11. In the last 2 years, have there been the following training and/or capacity-building activities:
   a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?
   
   b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?

12. Are the following legal support services available in the country:
   a. Legal aid systems for HIV casework:
   
   b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

13. Are there programmes in place to reduce HIV-related stigma and discrimination?

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?

Since 2009, what have been key achievements in this area?

What challenges remain in this area?

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?

Since 2009, what have been key achievements in this area?

What challenges remain in this area?

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?
   
   1.1 To what extent has HIV prevention been implemented?

   Blood safety:
   
   Condom promotion:
   
   Harm reduction for people who inject drugs:
   
   HIV prevention for out-of-school young people:
   
   HIV prevention in the workplace:
   
   HIV testing and counseling:
   
   IEC on risk reduction:
   
   IEC on stigma and discrimination reduction:
   
   Prevention of mother-to-child transmission of HIV:
   
   Prevention for people living with HIV:
Reproductive health services including sexually transmitted infections prevention and treatment:
- Risk reduction for intimate partners of key populations:
- Risk reduction for men who have sex with men:
- Risk reduction for sex workers:
- School-based HIV education for young people:
- Universal precautions in health care settings:
- Other [write in]:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

**B - V. TREATMENT, CARE AND SUPPORT**

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1.1. To what extent have the following HIV treatment, care and support services been implemented?

<table>
<thead>
<tr>
<th>Service</th>
<th>Extent of Implementation</th>
</tr>
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<tbody>
<tr>
<td>Antiretroviral therapy:</td>
<td></td>
</tr>
<tr>
<td>ART for TB patients:</td>
<td></td>
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<tr>
<td>Cotrimoxazole prophylaxis in people living with HIV:</td>
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<tr>
<td>Early infant diagnosis:</td>
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<tr>
<td>HIV care and support in the workplace (including alternative working arrangements):</td>
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<tr>
<td>HIV testing and counselling for people with TB:</td>
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<tr>
<td>HIV treatment services in the workplace or treatment referral systems through the workplace:</td>
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<tr>
<td>Nutritional care:</td>
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<td>Paediatric AIDS treatment:</td>
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<td>Post-delivery ART provision to women:</td>
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<tr>
<td>Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):</td>
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<tr>
<td>Post-exposure prophylaxis for occupational exposures to HIV:</td>
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<tr>
<td>Psychosocial support for people living with HIV and their families:</td>
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<tr>
<td>Sexually transmitted infection management:</td>
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<tr>
<td>TB infection control in HIV treatment and care facilities:</td>
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<tr>
<td>TB preventive therapy for people living with HIV:</td>
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<tr>
<td>TB screening for people living with HIV:</td>
<td></td>
</tr>
<tr>
<td>Treatment of common HIV-related infections:</td>
<td></td>
</tr>
</tbody>
</table>
1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011:

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children:

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011:

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

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